

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period		From		12	0	1	17	(MM/DD/YY)	To	12	31	17	(MM/DD/YY)			
Part I																
2 Taxpayer		Payee Information														
Identification Number		2	6	2	5	7	1	6	6	4	0	0	0			
3 Payee's Name		SHERILYN V. PINPIN-ARCA														
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)																
4 Registered Address		Daang Amaya I, Tanza, Cavite										4A Zip Code				
5 Foreign Address												5A Zip Code				
Payor Information																
6 Taxpayer																
Identification Number		0	0	1	8	9	8	7	0	5	0	0	0			
7 Payor's Name		TANZA WATER DISTRICT														
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)																
8 Registered Address		A. Soriano Highway, Tanza, Cavite										8A Zip Code	4	1	0	8

PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
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[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

62

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

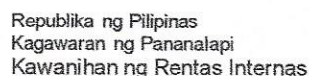
Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed



BIR Form No.
2307
March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

2 Taxpayer Identification Number	▶	162	313	010	000	
3 Payee's Name	▶	UNCLE CAR CARE CENTER				
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
4 Registered Address	▶	286 Daang Amaya, Tanza, Cavite				4A Zip Code ▶
5 Foreign Address	▶					5A Zip Code ▶

6 Taxpayer Identification Number	0018987050000
7 Payor's Name	TANZA WATER DISTRICT (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)
8 Registered Address	A. Soriano Highway, Tanza, Cavite 8A Zip Code 4108

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC 157			1,950.00	1,950.00	19.50
	WC 157			600.00	600.00	12.00
Total		-	-	2,550.00	2,550.00	31.50
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

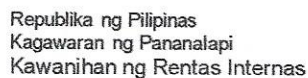
Division Manager B- ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____



BIR Form No.
2307
March 2003 (ENCS)

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

07

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

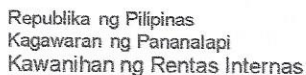
Division Manager - B ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____



BIR Form No.

March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Payee Information

3 Payee's Name ▶ VITONIO, ROMMEL S.

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▶	Tanza, Cavite	4A Zip Code	
------------------------	---------------	-------------	--

5 Foreign Address		5A Zip Code	
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Payor Information

6 Taxpayer Identification Number	001	898	705	0000
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7 Payor's Name ▶ TANZA WATER DISTRICT

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address	A. Soriano Highway, Tanza, Cavite	8A Zip Code	4 1 0 8
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PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No

2307

March 2003 (ENCS)

1 For the Period		From ▶ 01 01 17 (MM/DD/YY)		To ▶ 03 31 17 (MM/DD/YY)	
Part I					
2 Taxpayer		Payee Information			
Identification Number ▶ 276 907 136 000					
3 Payee's Name ▶ VITONIO, ROMMEL S.					
		(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4 Registered Address ▶ Tanza, Cavite		4A Zip Code ▶			
5 Foreign Address ▶		5A Zip Code ▶			
Payor Information					
6 Taxpayer					
Identification Number ▶ 001 898 705 0000					
7 Payor's Name ▶ TANZA WATER DISTRICT					
		(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8 Registered Address ▶ A. Soriano Highway, Tanza, Cavite		8A Zip Code ▶		4 1 0 8	

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

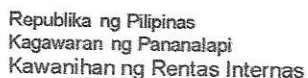
Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____



BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From 04 01 17 (MM/DD/YY) To 06 30 17 (MM/DD/YY)

2 Taxpayer Identification Number ▶ 415 533 706 000

3 Payee's Name	VILLEGAS, MARCELO N. JR.
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4. Registered Address: _____ (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▶	Tanza, Cavite	4A Zip Code	
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5 Foreign Address		5A Zip Code	
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Donor Information

Payor Information

6 Taxpayer Identification Number 0018987050000

7 Payor's Name	TANZA WATER DISTRICT
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(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▶ A. Soriano Highway, Tanza, Cavite 8A Zip Code 4 1 0 8

PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
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[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

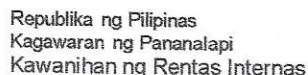
Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____



Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Part I	Payee Information
--------	-------------------

2 Taxpayer Identification Number ▶ 4 1 5 5 3 3 7 0 6 0 0 0

3 Payee's Name ▶ VILLEGAS, MARCELO N. JR.

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▶ Tanza, Cavite

4A Zip Code

5 Foreign Address

5A Zip Code

Payor Information

6 Taxpayer Identification Number	0	0	1	8	9	8	7	0	5	0	0	0	0
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7 Payor's Name ▶ TANZA WATER DISTRICT

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▶ A. Soriano Highway, Tanza, Cavite

8A Zip Code

PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
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[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period		From ▶ 04 01 17 (MM/DD/YY)		To ▶ 06 30 17 (MM/DD/YY)	
Part I		Payee Information			
2 Taxpayer Identification Number		▶ 231 007 982 000			
3 Payee's Name		▶ RODRIGUEZ, ROSALINA D. (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4 Registered Address		▶ Tanza, Cavite		4A Zip Code ▶	
5 Foreign Address		▶		5A Zip Code ▶	
		Payor Information			
6 Taxpayer Identification Number		▶ 001 898 705 0000			
7 Payor's Name		▶ TANZA WATER DISTRICT (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8 Registered Address		▶ A. Soriano Highway, Tanza, Cavite		8A Zip Code ▶ 4108	

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Part I	Payee Information
--------	-------------------

2 Taxpayer Identification Number ▶ 231 007 982 000

3 Payee's Name	▶ RODRIGUEZ, ROSALINA D.
----------------	--------------------------

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▶ Tanza, Cavite

4A Zip Code

5 Foreign Address

5A Zip Code

Payor Information

6 Taxpayer Identification Number 001 898 705 0000

7 Payor's Name ▶ TANZA WATER DISTRICT

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▶ A. Soriano Highway, Tanza, Cavite

8A Zip Code

4 1 0 8

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period		From		04	01	17	(MM/DD/YY)	To		06	30	17	(MM/DD/YY)
Part I Payee Information													
2 Taxpayer		Identification Number		231	007	982	000						
3 Payee's Name		RODRIGUEZ, ROSALINA D.											
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)													
4 Registered Address		Tanza, Cavite								4A Zip Code			
5 Foreign Address										5A Zip Code			
Payor Information													
6 Taxpayer		Identification Number		001	898	705	0000						
7 Payor's Name		TANZA WATER DISTRICT											
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)													
8 Registered Address		A. Soriano Highway, Tanza, Cavite								8A Zip Code		4108	

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	6,048.00	6384.00	7,215.60	19,647.60	392.95
Total		6,048.00	6,384.00	7,215.60	19,647.60	392.95
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

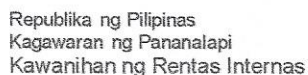
Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____



BIR Form No.
2307
March 2003 (ENCS)

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter						
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	6,048.00	6384.00	7,728.00	20,160.00	403.20
Total		6,048.00	6,384.00	7,728.00	20,160.00	403.20
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period		From		01	01	17	(MM/DD/YY)	To	03	31	17	(MM/DD/YY)	
Part I				Payee Information									
2 Taxpayer Identification Number		479 945 087 000											
3 Payee's Name		REAL, MARJORIE ANN P. (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)											
4 Registered Address		Tanza, Cavite									4A Zip Code		
5 Foreign Address											5A Zip Code		
Payor Information													
6 Taxpayer Identification Number		001 898 705 0000											
7 Payor's Name		TANZA WATER DISTRICT (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)											
8 Registered Address		A. Soriano Highway, Tanza, Cavite									8A Zip Code		4108

PART II **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	6,384.00	6384.00	6,321.00	19,089.00	381.78
Total		6,384.00	6,384.00	6,321.00	19,089.00	381.78
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

29

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Part I	Payee information
--------	-------------------

2 Taxpayer Identification Number ▶ 2 1 8 4 3 3 9 6 4 0 0 0

3 Payee's Name	RANCE, RAMON RODOLFO H.
----------------	-------------------------

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▶ Tanza, Cavite

4A Zip Code

5 Foreign Address

5A Zip Code

Payor Information

6 Taxpayer Identification Number ▶ 0 0 1 8 9 8 7 0 5 0 0 0 0

7 Payor's Name	TANZA WATER DISTRICT
----------------	----------------------

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▶ A. Soriano Highway, Tanza, Cavite

8A Zip Code

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	8,167.08	3,474.00	6,774.28	18,415.36	368.31
Total		8,167.08	3,474.00	6,774.28	18,415.36	368.31
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Part I	Payee Information
--------	-------------------

2 Taxpayer Identification Number 218 433 964 000

3 Payee's Name	RANCE, RAMON RODOLFO H.
----------------	-------------------------

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▶ Tanza, Cavite

4A Zip Code

5 Foreign Address

5A Zip Code

Payer Information

6 Taxpayer Identification Number ▶ 0 0 1 8 9 8 7 0 5 0 0 0 0

7 Payer's Name ▶ TANZA WATER DISTRICT

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address A. Soriano Highway, Tanza, Cavite

8A Zip Code

Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

Total

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Part I

Payee Information

2 Taxpayer Identification Number ▶

3 Payee's Name	▶ RAMOS, ANDRIANO S.
----------------	----------------------

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▶ Tanza, Cavite

4A Zip Code

5 Foreign Address

5A Zip Code

Payor information

6 Taxpayer Identification Number ▶ 001 898 705 0000

7 Payor's Name ▶ TANZA WATER DISTRICT

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▶ A. Soriano Highway, Tanza, Cavite

8A Zip Code

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period		From		04	01	17	(MM/DD/YY)	To	06	30	17	(MM/DD/YY)
Part I												
Payee Information												
2 Taxpayer		Identification Number		000	000	000	000					
3 Payee's Name		RAMOS, ANDRIANO S.										
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)												
4 Registered Address		Tanza, Cavite						4A Zip Code				
5 Foreign Address								5A Zip Code				
Payor Information												
6 Taxpayer		Identification Number		001	898	705	0000					
7 Payor's Name		TANZA WATER DISTRICT										
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)												
8 Registered Address		A. Soriano Highway, Tanza, Cavite						8A Zip Code		4108		

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period		From		01	01	17	(MM/DD/YY)	To		03	31	17	(MM/DD/YY)	
Part I														
2 Taxpayer		Payee Information												
Identification Number		000	000	000	000									
3 Payee's Name		PORCIONCULA, SHERWIN L.												
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)														
4 Registered Address		Tanza, Cavite										4A Zip Code		
5 Foreign Address												5A Zip Code		
Payor Information														
6 Taxpayer														
Identification Number		001	898	705	0000									
7 Payor's Name		TANZA WATER DISTRICT												
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)														
8 Registered Address		A. Soriano Highway, Tanza, Cavite										8A Zip Code		4108

PART II **Details of Monthly Income Payments and Tax Withheld for the Quarter**

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period	From ▶ 04 01 17 (MM/DD/YY)	To ▶ 06 30 17 (MM/DD/YY)
Part I Payee Information		
2 Taxpayer Identification Number	▶ 479 579 745 000	
3 Payee's Name	▶ PORCIONCULA, ALWYN T. (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)	
4 Registered Address	▶ Tanza, Cavite	4A Zip Code ▶
5 Foreign Address	▶	5A Zip Code ▶
Payor Information		
6 Taxpayer Identification Number	▶ 001 898 705 0000	
7 Payor's Name	▶ TANZA WATER DISTRICT (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)	
8 Registered Address	▶ A. Soriano Highway, Tanza, Cavite	8A Zip Code ▶ 4108

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

6

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period		From		01	01	17	(MM/DD/YY)	To		03	31	17	(MM/DD/YY)	
Part I Payee Information														
2 Taxpayer Identification Number		▶		479	579	745	000							
3 Payee's Name		▶		PORCIONCULA, ALWYN T.										
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)														
4 Registered Address		▶		Tanza, Cavite						4A Zip Code		▶		
5 Foreign Address		▶								5A Zip Code		▶		
Payor Information														
6 Taxpayer Identification Number		▶		001	898	705	0000							
7 Payor's Name		▶		TANZA WATER DISTRICT										
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)														
8 Registered Address		▶		A. Soriano Highway, Tanza, Cavite						8A Zip Code		▶		4108

PART II
Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Part I

Payee Information

2 Taxpayer Identification Number ▶ 186 216 220 000

3 Payee's Name	PITONG, REYNALDO C.
	(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▶	Tanza, Cavite	4A Zip Code	
------------------------	---------------	-------------	--

5 Foreign Address		5A Zip Code	
-------------------	--	-------------	--

Payor Information

6 Taxpayer Identification Number ▶ 0 0 1 8 9 8 7 0 5 0 0 0 0

7	Payor's Name	TANZA WATER DISTRICT
---	--------------	----------------------

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8 Registered Address	A. Soriano Highway, Tanza, Cavite	8A Zip Code	4 1 0 8

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

5

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

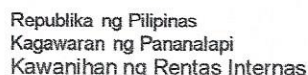
Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____



BIR Form No.

2307

March 2003 (ENCS)

1 For the Period		From		01	01	17	(MM/DD/YY)	To		03	31	17	(MM/DD/YY)
Part I													
2 Taxpayer		Payee Information											
Identification Number		186	216	220	000								
3 Payee's Name		PITONG, REYNALDO C.											
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)													
4 Registered Address		Tanza, Cavite								4A Zip Code			
5 Foreign Address										5A Zip Code			
Payor Information													
6 Taxpayer		Payee Information											
Identification Number		001	898	705	0000								
7 Payor's Name		TANZA WATER DISTRICT											
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)													
8 Registered Address		A. Soriano Highway, Tanza, Cavite								8A Zip Code		4108	

PART II **Details of Monthly Income Payments and Tax Withheld for the Quarter**

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

07

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

UNITED STATES OF AMERICA
 DEPARTMENT OF THE TREASURY
 Internal Revenue Service

Part I
Payee Information

2 Taxpayer Identification Number ▶ 403 408 389 000

3 Payee's Name	PERLAS, XYRUS ANJELO
----------------	----------------------

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▶ Tanza, Cavite

4A Zip Code

5 Foreign Address

5A Zip Code

Payor Information

6 Taxpayer Identification Number	001	898	705	0000
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7 Payor's Name ▶ TANZA WATER DISTRICT

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▶ A. Soriano Highway, Tanza, Cavite

8A Zip Code

4 1 0 8

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

07

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

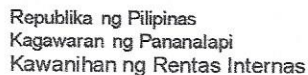
Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____



BIR Form No.

March 2003 (ENCS)

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

2

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Part I	Payee Information
--------	-------------------

2 Taxpayer Identification Number	▶	281	711	814	000	
3 Payee's Name	▶	NOVIO, RYAN I.				
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
4 Registered Address	▶	Tanza, Cavite				4A Zip Code ▶
5 Foreign Address	▶					5A Zip Code ▶

Payor Information

6 Taxpayer Identification Number	001	898	705	0000
7 Payor's Name	TANZA WATER DISTRICT (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8 Registered Address	A. Soriano Highway, Tanza, Cavite			8A Zip Code 4108

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Part I

Payee Information

2 Taxpayer Identification Number	▶	281	711	814	000	
3 Payee's Name	▶	NOVIO, RYAN I.				
		(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)				
4 Registered Address	▶	Tanza, Cavite				4A Zip Code ▶
5 Foreign Address	▶					5A Zip Code ▶

Pavor Information

6	Taxpayer Identification Number	0018987050000
7	Payor's Name	TANZA WATER DISTRICT (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)
8	Registered Address	A. Soriano Highway, Tanza, Cavite
	8A Zip Code	4108

PART II **Details of Monthly Income Payments and Tax Withheld for the Quarter**

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

67

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Part I	Payee Information
--------	-------------------

2 Taxpayer Identification Number	▶	000	000	000	000	
3 Payee's Name	▶	MESTIZO, REYMON J.				
		(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)				
4 Registered Address	▶	Tanza, Cavite			4A Zip Code	▶
5 Foreign Address	▶				5A Zip Code	▶

Payor Information

6 Taxpayer Identification Number	001	898	705	0000	
7 Payor's Name	TANZA WATER DISTRICT (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)				
8 Registered Address	A. Soriano Highway, Tanza, Cavite			8A Zip Code	4108

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period		From ▶ 01 01 17 (MM/DD/YY)		To ▶ 03 31 17 (MM/DD/YY)	
Part I					
2 Taxpayer Identification Number		▶ 000 000 000 000			
3 Payee's Name		▶ MESTIZO, REYMON J. (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4 Registered Address		▶ Tanza, Cavite		4A Zip Code ▶	
5 Foreign Address		▶		5A Zip Code ▶	
Payor Information					
6 Taxpayer Identification Number		▶ 001 898 705 0000			
7 Payor's Name		▶ TANZA WATER DISTRICT (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8 Registered Address		▶ A. Soriano Highway, Tanza, Cavite		8A Zip Code ▶ 4 1 0 8	

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter						
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	6,552.00	6,720.00	7,958.58	21,230.58	424.61
Total		6,552.00	6,720.00	7,958.58	21,230.58	424.61
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Part I	Payee Information
--------	-------------------

2 Taxpayer Identification Number ▶ 4 0 8 4 4 4 8 5 7 0 0 0

3 Payee's Name ▶ **MACALLA, ROMMEL V.**
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▶	Tanza, Cavite	4A Zip Code	
------------------------	---------------	-------------	--

5 Foreign Address 5A Zip Code

Payor information

6 Taxpayer Identification Number ▶ 001 898 705 0000

7 Payor's Name	▶ TANZA WATER DISTRICT (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)
----------------	--

8 Registered Address	A. Soriano Highway, Tanza, Cavite	8A Zip Code	4 1 0 8
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PART II
Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Part I	Payee Information
--------	-------------------

2 Taxpayer Identification Number ▶ 408 444 857 000

3 Payee's Name ▶ **MACALLA, ROMMEL V.**

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▶ Tanza, Cavite

4A Zip Code

5 Foreign Address

5A Zip Code

Payer information

6 Taxpayer Identification Number ▶ 0 0 1 8 9 8 7 0 5 0 0 0 0

7 Payor's Name	TANZA WATER DISTRICT
----------------	----------------------

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▶ A. Soriano Highway, Tanza, Cavite

8A Zip Code

4	1	0	8
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PART II **Details of Monthly Income Payments and Tax Withheld for the Quarter**

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code/as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

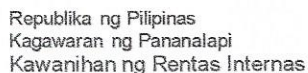
Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____



BIR Form No.

2307

March 2003 (ENCS)

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Part I	Payee Information
--------	-------------------

2 Taxpayer Identification Number ▶ 130 850 492 000

3 Payee's Name	<div>▶ LEGASPI, FREDDIE M.</div> <div>(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)</div>
----------------	---

4 Registered Address ▶	Tanza, Cavite	4A Zip Code	
------------------------	---------------	-------------	--

5 Foreign Address		5A Zip Code	
-------------------	--	-------------	--

Payor Information

6 Taxpayer Identification Number ▶ 0 0 1 8 9 8 7 0 5 0 0 0 0

7 Payor's Name	▶ TANZA WATER DISTRICT (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)
----------------	--

8. Registered Address ▶ A. Soriano Highway, Tanza, Cavite 8A Zip Code 4 1 0 8

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Part I	Payee Information
--------	-------------------

2 Taxpayer Identification Number 301 013 754 000

3	Payee's Name	▶ LARA, JULIO V. (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)
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4 Registered Address ▶	Tanza, Cavite	4A Zip Code ▶	
------------------------	---------------	---------------	--

5 Foreign Address 5A Zip Code

Payor Information

6 Taxpayer Identification Number 0018987050000

7 Payor's Name	TANZA WATER DISTRICT
----------------	----------------------

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)	
8 Registered Address	<div> <div>A. Soriano Highway, Tanza, Cavite</div> <div>8A Zip Code</div> <div>4 1 0 8</div> </div>

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period		From		01	01	17	(MM/DD/YY)	To		03	31	17	(MM/DD/YY)
Part I													
2 Taxpayer		Payee Information											
Identification Number		301	013	754	000								
3 Payee's Name		LARA, JULIO V.											
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)													
4 Registered Address		Tanza, Cavite								4A Zip Code			
5 Foreign Address										5A Zip Code			
Payor Information													
6 Taxpayer		Payee Information											
Identification Number		001	898	705	0000								
7 Payor's Name		TANZA WATER DISTRICT											
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)													
8 Registered Address		A. Soriano Highway, Tanza, Cavite								8A Zip Code		4108	

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

29

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

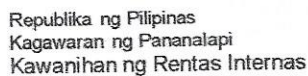
Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____



BIR Form No.
2307
March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Payee Information

2 Taxpayer Identification Number	000 000 000 000
3 Payee's Name	JOYA, VIRGILIO C. (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)
4 Registered Address	Tanza, Cavite 4A Zip Code
5 Foreign Address	 5A Zip Code

Payor Information

6 Taxpayer Identification Number ▶ 001 898 705 0000

7 Payor's Name ▶ TANZA WATER DISTRICT
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▶ A. Soriano Highway, Tanza, Cavite 8A Zip Code ▶ 4108

Details of Monthly Income Payments and Tax Withheld for the Quarter

PART II						
Details of Monthly Income Payments and Tax Withheld for the Quarter						
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	10,080.00	10,080.00	5,040.00	25,200.00	2520.00
Total		10,080.00	10,080.00	5,040.00	25,200.00	2,520.00
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						

Total

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

2

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Payee Information

2 Taxpayer Identification Number	▶	000	000	000	000
3 Payee's Name	▶	JOYA, ESTERITA M.			
		(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4 Registered Address	▶	Tanza, Cavite			4A Zip Code ▶
5 Foreign Address	▶				5A Zip Code ▶

Payor Information

6 Taxpayer Identification Number	001	898	705	0000
7 Payor's Name	TANZA WATER DISTRICT (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8 Registered Address	A. Soriano Highway, Tanza, Cavite			8A Zip Code
				4108

Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

Total

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Part I

2 Taxpayer Identification Number

3 Payee's Name	JOYA, ESTERITA M.
----------------	-------------------

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▶ Tanza, Cavite

4A Zip Code

5 Foreign Address

5A Zip Code

Payor Information

6 Taxpayer Identification Number 001 898 705 0000

7 Payor's Name	TANZA WATER DISTRICT
----------------	----------------------

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ➤ A. Soriano Highway, Tanza, Cavite

8A Zip Code

4 1 0 8

Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

Total

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

07

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

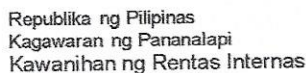
Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____



BIR Form No.

March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Payee Information

2 Taxpayer Identification Number	▶	000	000	000	000
3 Payee's Name	▶	IBAS, JORAIZAL I.			
		(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4 Registered Address	▶	Tanza, Cavite			4A Zip Code ▶
5 Foreign Address	▶				5A Zip Code ▶

Payer Information

6 Taxpayer Identification Number ▶ 001 898 705 0000

7 Payor's Name ▶ TANZA WATER DISTRICT
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▶ A. Soriano Highway, Tanza, Cavite

8A Zip Code ▶ 4108

Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

Total

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period		From		01	01	17	(MM/DD/YY)	To	03	31	17	(MM/DD/YY)
Part I												
2 Taxpayer		Identification Number		271	961	619	000					
3 Payee's Name		HONRADA, ARMAN G.										
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)												
4 Registered Address		Tanza, Cavite						4A Zip Code				
5 Foreign Address								5A Zip Code				
Payor Information												
6 Taxpayer		Identification Number		001	898	705	0000					
7 Payor's Name		TANZA WATER DISTRICT										
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)												
8 Registered Address		A. Soriano Highway, Tanza, Cavite						8A Zip Code		4108		

[illegible]

Total

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

29

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

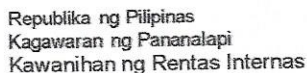
Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____



BIR Form No.

2307

March 2003 (ENCS)

1 For the Period		From		04	01	17	(MM/DD/YY)	To	06	30	17	(MM/DD/YY)
Part I								Payee Information				
2 Taxpayer	Identification Number		271	961	619	000						
3 Payee's Name	HONRADA, ARMAN G.											
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)												
4 Registered Address	Tanza, Cavite										4A Zip Code	
5 Foreign Address											5A Zip Code	
Payor Information												
6 Taxpayer	Identification Number		001	898	705	0000						
7 Payor's Name	TANZA WATER DISTRICT											
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)												
8 Registered Address	A. Soriano Highway, Tanza, Cavite										8A Zip Code	4108

Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

Total

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

2

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (FNCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Part 1	Payee Information
--------	-------------------

2 Taxpayer Identification Number ▶ 131 901 673 000

3 Payee's Name	HERNANDEZ, NAPOLEON B.
----------------	------------------------

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▶ Tanza, Cavite

4A Zip Code

5 Foreign Address

5A Zip Code

Payor Information

6 Taxpayer Identification Number ▶ 0 0 1 8 9 8 7 0 5 0 0 0 0

7 Payor's Name	TANZA WATER DISTRICT
----------------	----------------------

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▶ A. Soriano Highway, Tanza, Cavite

8A Zip Code

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

10

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Part I

2 Taxpayer Identification Number	▶	131	646	505	000	
3 Payee's Name	▶	HERNANDEZ, NAPOLEON B.				
		(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)				
4 Registered Address	▶	Tanza, Cavite				4A Zip Code ▶
5 Foreign Address	▶					5A Zip Code ▶

Payor information

6 Taxpayer Identification Number ▶ 001 898 705 0000

7 Payor's Name ▶ TANZA WATER DISTRICT
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▶ A. Soriano Highway, Tanza, Cavite 8A Zip Code ▶ 4108

Details of Monthly Income Payments and Tax Withheld for the Quarter

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter						
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	10,080.00	10,080.00	10,080.00	30,240.00	3,024.00
Total		10,080.00	10,080.00	10,080.00	30,240.00	3,024.00
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						

Total

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

3

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Part 1

2 Taxpayer Identification Number ▶ 131 646 505 000

3 Payee's Name ▶ **HERNANDEZ, NAPOLEON B.**

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▶ Tanza, Cavite

4A Zip Code

5 Foreign Address

5A Zip Code

Pavor Information

6 Taxpayer Identification Number 001 898 705 0000

7 Payer's Name TANZA WATER DISTRICT

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ☐ A Soriano Highway, Tanza, Cavite

8A Zip Code 4 1 0 8

Details of Monthly Income Payments and Tax Withheld for the Quarter

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	10,080.00	10080.00	10,080.00	30,240.00	3024.00
Total		10,080.00	10,080.00	10,080.00	30,240.00	3,024.00
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						

Total

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

5

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Part I	Payee Information
--------	-------------------

2 Taxpayer Identification Number ▶ 131 646 505 000

3 Payee's Name	▶ HERNANDEZ, NAPOLEON B. (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)
----------------	---

4 Registered Address ▶	Tanza, Cavite	4A Zip Code	
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5 Foreign Address 5A Zip Code

Payor Information

6 Taxpayer Identification Number ▶ 0 0 1 8 9 8 7 0 5 0 0 0 0

7 Payor's Name	TANZA WATER DISTRICT
----------------	----------------------

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)	
8 Registered Address	A. Soriano Highway, Tanza, Cavite
8A Zip Code	4 1 0 8

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	10,080.00	10080.00	10,080.00	30,240.00	3024.00
Total		10,080.00	10,080.00	10,080.00	30,240.00	3,024.00
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Part I

Payee Information

2 Taxpayer Identification Number 413 389 041 000

3 Payee's Name	GREGORIO, TERESITA P.
----------------	-----------------------

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ➤ Tanza, Cavite

4A Zip Code

5 Foreign Address

5A Zip Code

Payor Information

6 Taxpayer Identification Number ▶ 0 0 1 8 9 8 7 0 5 0 0 0 0

7 Payor's Name ▶ TANZA WATER DISTRICT

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▶ A. Soriano Highway, Tanza, Cavite

8A Zip Code

PART II **Details of Monthly Income Payments and Tax Withheld for the Quarter**

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Part I	Payee Information
--------	-------------------

2 Taxpayer Identification Number ▶ 413 389 041 000

3	Payee's Name	<div>▶ GREGORIO, TERESITA P.</div> <div>(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)</div>
---	--------------	---

4 Registered Address ▶	Tanza, Cavite	4A Zip Code	
------------------------	---------------	-------------	--

5 Foreign Address 5A Zip Code

Payor Information

6 Taxpayer Identification Number ▶ 0018987050000

7 Payor's Name	TANZA WATER DISTRICT (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)
----------------	--

8 Registered Address	A. Soriano Highway, Tanza, Cavite	8A Zip Code	4 1 0 8
----------------------	-----------------------------------	-------------	---------

PART II **Details of Monthly Income Payments and Tax Withheld for the Quarter**

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

2

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period		From		04	01	17	(MM/DD/YY)	To		06	30	17	(MM/DD/YY)	
Part I														
Payee Information														
2 Taxpayer														
Identification Number		282	607	982	000									
3 Payee's Name		GONZALES, RAFFY V.												
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)														
4 Registered Address		Tanza, Cavite										4A Zip Code		
5 Foreign Address												5A Zip Code		
Payor Information														
6 Taxpayer														
Identification Number		001	898	705	0000									
7 Payor's Name		TANZA WATER DISTRICT												
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)														
8 Registered Address		A. Soriano Highway, Tanza, Cavite										8A Zip Code		4108

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	6,552.00	6,384.00	8,232.00	21,168.00	423.36
Total		6,552.00	6,384.00	8,232.00	21,168.00	423.36
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

29

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

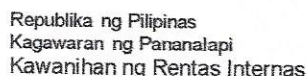
Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____



BIR Form No.
2307
March 2003 (ENCS)

1 For the Period From 01 01 17 (MM/DD/YY) To 03 31 17 (MM/DD/YY)

Taxpayer Information		Payee Information	
2 Taxpayer Identification Number	▶ 282 607 982 000		
3 Payee's Name	▶ GONZALES, RAFFY V.		
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4 Registered Address	▶ Tanza, Cavite		4A Zip Code ▶
5 Foreign Address	▶		5A Zip Code ▶

Payor Information

Payor Information	
6 Taxpayer Identification Number	001 898 705 0000
7 Payor's Name	TANZA WATER DISTRICT (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)
8 Registered Address	A. Soriano Highway, Tanza, Cavite 8A Zip Code 4 1 0 8

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From 01 0 1 1 7 (MM/DD/YY) To 03 3 1 1 7 (MM/DD/YY)

Part I	Payee Information
--------	-------------------

Payee Information	
2 Taxpayer Identification Number	<div>291</div> <div>241</div> <div>933</div> <div>000</div>
3 Payee's Name	<div>GEONZON, MELVIN D.</div> <div>(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)</div>
4 Registered Address	<div>Tanza, Cavite</div> <div>4A Zip Code</div> <div></div>
5 Foreign Address	<div></div> <div>5A Zip Code</div> <div></div>

Payor Information

6 Taxpayer Identification Number	0018987050000
7 Payor's Name	TANZA WATER DISTRICT (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)
8 Registered Address	A. Soriano Highway, Tanza, Cavite 8A Zip Code 4108

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

10

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period		From		04	01	17	(MM/DD/YY)	To		06	30	17	(MM/DD/YY)	
Part I Payee Information														
2 Taxpayer		Identification Number		291	241	933	000							
3 Payee's Name		GEONZON, MELVIN D.												
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)														
4 Registered Address		Tanza, Cavite										4A Zip Code		
5 Foreign Address												5A Zip Code		
Part II Payor Information														
6 Taxpayer		Identification Number		001	898	705	0000							
7 Payor's Name		TANZA WATER DISTRICT												
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)														
8 Registered Address		A. Soriano Highway, Tanza, Cavite										8A Zip Code		4108

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period		From		01	01	17	(MM/DD/YY)	To	03	31	17	(MM/DD/YY)	
Part I													
2 Taxpayer Identification Number		Payee Information											
3 Payee's Name		GATDULA, ROGELIO S. JR.											
		(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)											
4 Registered Address		Tanza, Cavite										4A Zip Code	
5 Foreign Address												5A Zip Code	
Payor Information													
6 Taxpayer Identification Number		001 898 705 0000											
7 Payor's Name		TANZA WATER DISTRICT											
		(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)											
8 Registered Address		A. Soriano Highway, Tanza, Cavite										8A Zip Code	4108

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

67

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period		From		04	01	17	(MM/DD/YY)	To		06	30	17	(MM/DD/YY)	
Part I														
2 Taxpayer		Payee Information												
Identification Number		000	000	000	000									
3 Payee's Name		GATDULA, ROGELIO S. JR.												
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)														
4 Registered Address		Tanza, Cavite										4A Zip Code		
5 Foreign Address												5A Zip Code		
Payor Information														
6 Taxpayer														
Identification Number		001	898	705	0000									
7 Payor's Name		TANZA WATER DISTRICT												
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)														
8 Registered Address		A. Soriano Highway, Tanza, Cavite										8A Zip Code		4108

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Part I	Payee Information
--------	-------------------

2 Taxpayer Identification Number	<div> <div></div> <div></div> <div></div> <div></div> </div>		
3 Payee's Name	<div>DONES, ALEX F.</div> <div>(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)</div>		
4 Registered Address	<div>Tanza, Cavite</div>		<div>4A Zip Code</div> <div></div>
5 Foreign Address	<div></div>		<div>5A Zip Code</div> <div></div>

Payor Information

6 Taxpayer Identification Number	0018987050000
7 Payor's Name	TANZA WATER DISTRICT (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)
8 Registered Address	A. Soriano Highway, Tanza, Cavite
8A Zip Code	4108

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

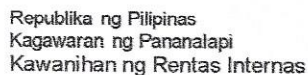
Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____



BIR Form No.

March 2003 (ENCS)

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

2

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

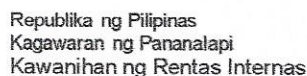
Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____



Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Part I

Payee Information

2 Taxpayer Identification Number	▶	000	000	000	000
3 Payee's Name	▶	DEL ROSARIO, NELIA V.			
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)					
4 Registered Address	▶	Tanza, Cavite			4A Zip Code ▶
5 Foreign Address	▶				5A Zip Code ▶

Payor Information

6 Taxpayer Identification Number	▶	001	898	705	0000
7 Payor's Name	▶	TANZA WATER DISTRICT			
		(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8 Registered Address	▶	A. Soriano Highway, Tanza, Cavite			8A Zip Code ▶ 4 1 0 8

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9 MELANIE P. BOBADILLA
Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10 Division Manager B - ACMD
 Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Part I	Payee Information
--------	-------------------

2 Taxpayer Identification Number

3 Payee's Name	▶ DEL ROSARIO, NELIA V.
----------------	-------------------------

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▶ Tanza, Cavite

4A Zip Code

5 Foreign Address

5A Zip Code

Payor Information

6 Taxpayer Identification Number ▶ 0 0 1 8 9 8 7 0 5 0 0 0 0

7 Payor's Name ▶ TANZA WATER DISTRICT

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▶ A. Soriano Highway, Tanza, Cavite

8A Zip Code

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	10,080.00	10080.00	10,080.00	30,240.00	3024.00
Total		10,080.00	10,080.00	10,080.00	30,240.00	3,024.00
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Part I	Payee information
--------	-------------------

2 Taxpayer Identification Number	<div>000</div> <div>000</div> <div>000</div> <div>000</div>			
3 Payee's Name	<div>DEL ROSARIO, NELIA V.</div> <div>(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)</div>			
4 Registered Address	<div>Tanza, Cavite</div>		4A Zip Code	<div></div>
5 Foreign Address	<div></div>		5A Zip Code	<div></div>

Payer Information

6 Taxpayer Identification Number	0 0 1	8 9 8	7 0 5	0 0 0 0
7 Payor's Name	TANZA WATER DISTRICT (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8 Registered Address	A. Soriano Highway, Tanza, Cavite			8A Zip Code 4 1 0 8

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

2

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period		From		01	01	17	(MM/DD/YY)	To		03	31	17	(MM/DD/YY)	
Part I														
Payee Information														
2 Taxpayer		Identification Number												
		000	000	000	000									
3 Payee's Name		DEL ROSARIO, NELIA V.												
		(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)												
4 Registered Address		Tanza, Cavite										4A Zip Code		
5 Foreign Address												5A Zip Code		
Payor Information														
6 Taxpayer		Identification Number												
		001	898	705	0000									
7 Payor's Name		TANZA WATER DISTRICT												
		(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)												
8 Registered Address		A. Soriano Highway, Tanza, Cavite										8A Zip Code		4108

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

2

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Part I	Payee Information
--------	-------------------

2 Taxpayer Identification Number

3	Payee's Name	<div>▶ DE SILOS, ROLIVER P.</div> <div>(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)</div>
---	--------------	---

4 Registered Address ▶ Tanza, Cavite

4A Zip Code

5 Foreign Address		5A Zip Code	
-------------------	--	-------------	--

5A Zip Code

Payor Information

6 Taxpayer Identification Number ▶ 0 0 1 8 9 8 7 0 5 0 0 0 0

7 Payor's Name TANZA WATER DISTRICT
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address A. Soriano Highway, Tanza, Cavite

8A Zip Code 4 1 0 8

PART II **Details of Monthly Income Payments and Tax Withheld for the Quarter**

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period		From		01	01	17	(MM/DD/YY)	To		03	31	17	(MM/DD/YY)	
Part I														
2 Taxpayer		Payee Information												
Identification Number		000	000	000	000									
3 Payee's Name		DE SILOS, ROLIVER P.												
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)														
4 Registered Address		Tanza, Cavite										4A Zip Code		
5 Foreign Address												5A Zip Code		
Payor Information														
6 Taxpayer		Payee Information												
Identification Number		001	898	705	0000									
7 Payor's Name		TANZA WATER DISTRICT												
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)														
8 Registered Address		A. Soriano Highway, Tanza, Cavite										8A Zip Code		4108

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

2

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Part I	Payee Information
--------	-------------------

2 Taxpayer Identification Number	▶	000	000	000	000
3 Payee's Name	▶	DAYAP, JOSE CARLO B.			
		(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4 Registered Address	▶	Tanza, Cavite			4A Zip Code ▶
5 Foreign Address	▶				5A Zip Code ▶

Payor Information

6 Taxpayer Identification Number	001	898	705	0000
7 Payor's Name	TANZA WATER DISTRICT			
	(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8 Registered Address	A. Soriano Highway, Tanza, Cavite			8A Zip Code 4108

PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
----------------	--

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

5

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Part I	Pavee Information
--------	-------------------

2 Taxpayer Identification Number ▶

3 Payee's Name ▶ DAYAP, JOSE CARLO B.

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▶ Tanza, Cavite

4A Zip Code

5 Foreign Address

5A Zip Code

Payor Information

6 Taxpayer Identification Number ▶ 0,0,1 898 705 0000

7 Payor's Name	TANZA WATER DISTRICT
----------------	----------------------

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▶ A. Soriano Highway, Tanza, Cavite

8A Zip Code

4 1 0 8

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From 04 01 17 (MM/DD/YY) To 06 30 17 (MM/DD/YY)

Part I	Payee Information
--------	-------------------

Taxpayer Information		Payee Information	
2 Taxpayer Identification Number	▶ 407 607 711 000		
3 Payee's Name	▶ CUSTODIO, KIA P. (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)		
4 Registered Address	▶ Tanza, Cavite		4A Zip Code ▶
5 Foreign Address	▶		5A Zip Code ▶

Payor Information

6	Taxpayer Identification Number	0018987050000
7	Payor's Name	TANZA WATER DISTRICT (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)
8	Registered Address	A. Soriano Highway, Tanza, Cavite 8A Zip Code 4108

PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
---------	---

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period

Front

01	01	17
----	----	----

 (MM/DD/YY)

To

03	31	17
----	----	----

(MM/DD/YY)

Part I

2 Taxpayer

Identification Number

407	607	711	000
-----	-----	-----	-----

3 Payee's Name

► CUSTODIO, KIA P.

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address

Tanza, Cavite

4A Zip Code

5 Foreign Address

5A Zip Code

Payor Information

6 Taxpayer

Identification Number

001	898	705	0000
-----	-----	-----	------

7 Payor's Name

▶ TANZA WATER DISTRICT

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address

A. Soriano Highway, Tanza, Cavite

8A Zip Code

4 1 0 8

PART II

Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

27

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

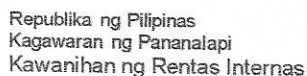
Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____



BIR Form No.

March 2003 (ENCS)

1 For the Period From 01 01 17 (MM/DD/YY) To 03 31 17 (MM/DD/YY)

2 Taxpayer Identification Number ▶ 232 251 268 000

3 Payee's Name	CUSTODIO, CHRISTOPHER M.
	(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address	Tanza, Cavite	4A Zip Code	
----------------------	---------------	-------------	--

5 Foreign Address		5A Zip Code	
-------------------	--	-------------	--

Payor Information

6 Taxpayer Identification Number ▶ 0 0 1 8 9 8 7 0 5 0 0 0 0

7 Payor's Name	TANZA WATER DISTRICT
----------------	----------------------

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▶ A. Soriano Highway, Tanza, Cavite 8A Zip Code 4 1 0 8

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

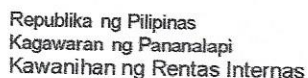
Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____



BIR Form No.
2307
March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

		Payee Information	
2	Taxpayer Identification Number	▶ 232 251 268 000	
3	Payee's Name	▶ CUSTODIO, CHRISTOPHER M. (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)	
4	Registered Address	▶ Tanza, Cavite	4A Zip Code ▶
5	Foreign Address	▶	5A Zip Code ▶

Payor Information

Payor Information	
6 Taxpayer Identification Number	001 898 705 0000
7 Payor's Name	TANZA WATER DISTRICT
8 Registered Address	(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals) A. Soriano Highway, Tanza, Cavite
	8A Zip Code 4108

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

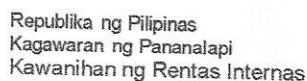
9 **MELANIE P. BOBADILLA**
Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10 Division Manager B - ACMD
Title/Position of Signatory

Conforme: _____

Payee/Payee's Authorized Representative _____ Date Signed _____

Signature Over Printed Name



BIR Form No.
2307
March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

		Payee Information	
2	Taxpayer Identification Number	▶ 301 076 825 000	
3	Payee's Name	▶ CUSTODIO, ALEXON R. (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)	
4	Registered Address	▶ Tanza, Cavite	4A Zip Code ▶
5	Foreign Address	▶	5A Zip Code ▶

		Payor Information	
6	Taxpayer Identification Number	0018987050000	
7	Payor's Name	TANZA WATER DISTRICT	
		(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)	
8	Registered Address	A. Soriano Highway, Tanza, Cavite	8A Zip Code 4108

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9 MELANIE P. BOBADILLA
Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10 Division Manager B - ACMD
 Title/Position of Signatory

Conforme: _____

Payee/Payee's Authorized Representative
Signature Over Printed Name

_____ Date Signed

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From 01 01 17 (MM/DD/YY) To 03 31 17 (MM/DD/YY)

Part I Payee Information

Taxpayer Information		Payee Information	
2 Taxpayer Identification Number	▶ 301 076 825 000		
3 Payee's Name	▶ CUSTODIO, ALEXON R.		
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4 Registered Address	▶ Tanza, Cavite		4A Zip Code ▶
5 Foreign Address	▶		5A Zip Code ▶

Payor Information

Payor Information	
6 Taxpayer Identification Number	001 898 705 0000
7 Payor's Name	TANZA WATER DISTRICT (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)
8 Registered Address	A. Soriano Highway, Tanza, Cavite 8A Zip Code 4108

PART II	Details of Monthly Income Payments and Tax Withheld for the Quarter
---------	---

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From 04 01 17 (MM/DD/YY) To 06 31 17 (MM/DD/YY)

Part I	Payee Information
--------	-------------------

2 Taxpayer Identification Number ▶

3	Payee's Name	<div>CRUDO, JEFFRY B.</div> <div>(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)</div>
---	--------------	---

4 Registered Address ▶ Tanza, Cavite 4A Zip Code ▶

5 Foreign Address 5A Zip Code

Payor Information

6 Taxpayer Identification Number ▶ 0 0 1 8 9 8 7 0 5 0 0 0 0

7 Payor's Name	TANZA WATER DISTRICT
----------------	----------------------

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)	
8 Registered Address	<div> <div>A. Soriano Highway, Tanza, Cavite</div> <div>8A Zip Code 4 1 0 8</div> </div>

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

2

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From 01 01 17 (MM/DD/YY) To 03 31 17 (MM/DD/YY)

Part I

Payee Information	
2 Taxpayer Identification Number	000 000 000 000
3 Payee's Name	CRUDO, JEFFRY B. (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)
4 Registered Address	Tanza, Cavite
5 Foreign Address	
4A Zip Code	
5A Zip Code	

Payor Information

Payor Information	
6 Taxpayer Identification Number	001 898 705 0000
7 Payor's Name	TANZA WATER DISTRICT
8 Registered Address	A. Soriano Highway, Tanza, Cavite
	8A Zip Code 4108

PART II

Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

5

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period		From		10	01	17	(MM/DD/YY)	To	12	31	17	(MM/DD/YY)
Part I												
2 Taxpayer		Payee Information										
Identification Number		163	599	853	000							
3 Payee's Name		CESA, FELICIANA J.										
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)												
4 Registered Address		Tanza, Cavite								4A Zip Code		
5 Foreign Address										5A Zip Code		
Payor Information												
6 Taxpayer												
Identification Number		001	898	705	0000							
7 Payor's Name		TANZA WATER DISTRICT										
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)												
8 Registered Address		A. Soriano Highway, Tanza, Cavite								8A Zip Code		4108

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

CS

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Part I Payee Information

2 Taxpayer Identification Number ▶ 163 599 853 000

3 Payee's Name ▶ CESA, FELICIANA J.

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▶ Tanza, Cavite

4A Zip Code

5 Foreign Address

5A Zip Code

Payor Information

6 Taxpayer Identification Number ▶ 0 0 1 8 9 8 7 0 5 0 0 0 0

7 Payor's Name ▶ TANZA WATER DISTRICT

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▶ A. Soriano Highway, Tanza, Cavite

8A Zip Code

PART II		Details of Monthly Income Payments and Tax Withheld for the Quarter
1	2	3
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340	341	342
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358	359	360
361	362	363
364	365	366

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

5

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

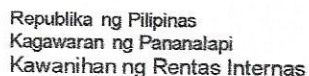
Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____



BIR Form No.
2307
March 2003 (ENCS)

Part I		Payee Information	
2 Taxpayer Identification Number	▶ 163 599 853 000		
3 Payee's Name	▶ CESA, FELICIANA J. (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)		
4 Registered Address	▶ Tanza, Cavite		4A Zip Code ▶
5 Foreign Address	▶		5A Zip Code ▶

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

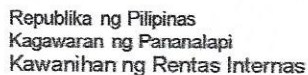
9 MELANIE P. BOBADILLA
Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10 Division Manager B - ACMD
 Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____



BIR Form No.
2307
March 2003 (ENCS)

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

5

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

18

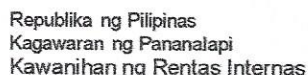
Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____



BIR Form No.
2307
March 2003 (ENCS)

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

20

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

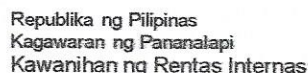
Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____



BIR Form No.
2307
March 2003 (ENCS)

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

2

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

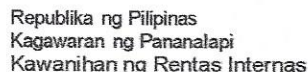
Division Manager B - ACMD

Title/Position of Signatory _____

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____



BIR Form No.
2307
March 2003 (ENCS)

[illegible]

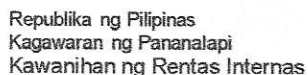
We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9 **MELANIE P. BOBADILLA**
Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10 Division Manager B - ACMD
Title/Position of Signatory

Conforme: _____
Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____



BIR Form No.
2307
March 2003 (ENCS)

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

20

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source


BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Part I	Payee Information
--------	-------------------

2 Taxpayer Identification Number 

0	0	0
---	---	---

0	0	0
---	---	---

0	0	0
---	---	---

0	0	0
---	---	---

3 Payee's Name ▶ **BOCALAN, TIMOTEO A. JR.**
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▶	Tanza, Cavite	4A Zip Code ▶	
------------------------	---------------	---------------	--

5 Foreign Address 5A Zip Code

Payor information

6 Taxpayer Identification Number ▶ 0 0 1 8 9 8 7 0 5 0 0 0 0

7 Payor's Name TANZA WATER DISTRICT
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▶ A. Soriano Highway, Tanza, Cavite 8A Zip Code ▶ 4 1 0 8

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

57

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

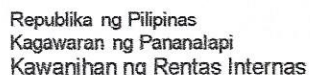
Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____



BIR Form No.

March 2003 (ENCS)

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter						
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640		10080.00	5,040.00	15,120.00	2520.00
Total		-	10,080.00	5,040.00	15,120.00	2,520.00
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

57

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Part I	Payee information
--------	-------------------

2 Taxpayer Identification Number	▶	430	843	779	000
3 Payee's Name	▶	BERMEJO, RYAN S.			
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)					
4 Registered Address	▶	Tanza, Cavite			4A Zip Code ▶
5 Foreign Address	▶				5A Zip Code ▶

Payor Information

6 Taxpayer Identification Number	▶	0 0 1	8 9 8	7 0 5	0 0 0 0
7 Payor's Name	▶	TANZA WATER DISTRICT			
		(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8 Registered Address	▶	A. Soriano Highway, Tanza, Cavite			8A Zip Code ▶ 4 1 0 8

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	6,048.00	6888.00	7,728.00	20,664.00	413.28
Total		6,048.00	6,888.00	7,728.00	20,664.00	413.28
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period	From ▶	04	01	17	(MM/DD/YY)	To ▶	06	31	17	(MM/DD/YY)
Part I						Payee Information				
2 Taxpayer	Identification Number ▶	430	843	779	000					
3 Payee's Name	▶ BERMEJO, RYAN S.									
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)										
4 Registered Address	▶ Tanza, Cavite								4A Zip Code ▶	
5 Foreign Address	▶								5A Zip Code ▶	
Payor Information										
6 Taxpayer	Identification Number ▶	001	898	705	0000					
7 Payor's Name	▶ TANZA WATER DISTRICT									
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)										
8 Registered Address	▶ A. Soriano Highway, Tanza, Cavite								8A Zip Code ▶	4108

PART II		Details of Monthly Income Payments and Tax Withheld for the Quarter	
1	NAME OF PAYOR	2	NAME OF PAYEE
3	ADDRESS OF PAYOR	4	ADDRESS OF PAYEE
5	CITY AND STATE OF PAYOR	6	CITY AND STATE OF PAYEE
7	DATE OF PAYMENT	8	DATE OF PAYMENT
9	AMOUNT OF PAYMENT	10	AMOUNT OF PAYMENT
11	TAX WITHHELD	12	TAX WITHHELD
13	TOTAL PAYMENTS	14	TOTAL PAYMENTS
15	TOTAL TAX WITHHELD	16	TOTAL TAX WITHHELD

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period		From		01	01	17	(MM/DD/YY)	To		03	31	17	(MM/DD/YY)
Part I Payee Information													
2 Taxpayer		Identification Number		000	000	000	000						
3 Payee's Name		BAUTISTA, AEY S.											
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)													
4 Registered Address		Tanza, Cavite								4A Zip Code			
5 Foreign Address										5A Zip Code			
Part II Payor Information													
6 Taxpayer		Identification Number		001	898	705	0000						
7 Payor's Name		TANZA WATER DISTRICT											
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)													
8 Registered Address		A. Soriano Highway, Tanza, Cavite								8A Zip Code		4108	

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period	From	04	01	17	(MM/DD/YY)	To	06	31	17	(MM/DD/YY)
Part I						Payee Information				
2 Taxpayer	Identification Number	000	000	000	000					
3 Payee's Name	BAUTISTA, AEY S.									
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)										
4 Registered Address	Tanza, Cavite								4A Zip Code	
5 Foreign Address									5A Zip Code	
Payor Information										
6 Taxpayer	Identification Number	001	898	705	0000					
7 Payor's Name	TANZA WATER DISTRICT									
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)										
8 Registered Address	A. Soriano Highway, Tanza, Cavite								8A Zip Code	4108

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period		From		10	01	17	(MM/DD/YY)	To		12	31	17	(MM/DD/YY)
Part I													
2 Taxpayer		Payee Information											
Identification Number		129	912	413	000								
3 Payee's Name		BARRERA, JULIETA S.											
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)													
4 Registered Address		Tanza, Cavite								4A Zip Code			
5 Foreign Address										5A Zip Code			
Payor Information													
6 Taxpayer		Payee Information											
Identification Number		001	898	705	0000								
7 Payor's Name		TANZA WATER DISTRICT											
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)													
8 Registered Address		A. Soriano Highway, Tanza, Cavite								8A Zip Code		4108	

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Part I		Payee Information
--------	--	-------------------

2 Taxpayer Identification Number ▶ 1 2 9 9 1 2 4 1 3 0 0 0

3 Payee's Name	BARRERA, JULIETA S.
----------------	---------------------

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▶ Tanza, Cavite

4A Zip Code

5 Foreign Address

5A Zip Code

Payor Information

6 Taxpayer Identification Number ▶ 0 0 1 8 9 8 7 0 5 0 0 0 0

7 Payor's Name	TANZA WATER DISTRICT
----------------	----------------------

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▶ A. Soriano Highway, Tanza, Cavite

8A Zip Code

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period		From ▶ 04 01 17 (MM/DD/YY)		To ▶ 06 30 17 (MM/DD/YY)	
Part I		Payee Information			
2 Taxpayer					
Identification Number ▶	129	912	413	000	
3 Payee's Name ▶	BARRERA, JULIETA S.				
	(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)				
4 Registered Address ▶	Tanza, Cavite			4A Zip Code ▶	
5 Foreign Address ▶				5A Zip Code ▶	
		Payor Information			
6 Taxpayer					
Identification Number ▶	001	898	705	0000	
7 Payor's Name ▶	TANZA WATER DISTRICT				
	(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)				
8 Registered Address ▶	A. Soriano Highway, Tanza, Cavite			8A Zip Code ▶	4108

PART II **Details of Monthly Income Payments and Tax Withheld for the Quarter**

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

2

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period		From		01	01	17	(MM/DD/YY)	To		03	31	17	(MM/DD/YY)
Part I Payee Information													
2 Taxpayer		Identification Number		129	912	413	000						
3 Payee's Name		BARRERA, JULIETA S.											
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)													
4 Registered Address		Tanza, Cavite								4A Zip Code			
5 Foreign Address										5A Zip Code			
Part II Payor Information													
6 Taxpayer		Identification Number		001	898	705	0000						
7 Payor's Name		TANZA WATER DISTRICT											
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)													
8 Registered Address		A. Soriano Highway, Tanza, Cavite								8A Zip Code		4108	

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Part I	Payee Information
--------	-------------------

2 Taxpayer Identification Number ▶ 477 836 077 000

3 Payee's Name	▶ ARMIJO, DON PAULO L.
----------------	-------------------------------

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▶ Tanza, Cavite

4A Zip Code

5 Foreign Address

5A Zip Code

Payor Information

6 Taxpayer Identification Number ▶ 001 898 705 0000

7 Payor's Name	TANZA WATER DISTRICT
----------------	----------------------

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▶ A. Soriano Highway, Tanza, Cavite

8A Zip Code

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

(5)

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period		From		01	01	17	(MM/DD/YY)	To		03	31	17	(MM/DD/YY)
Part I													
2 Taxpayer		Payee Information											
Identification Number		477	836	077	000								
3 Payee's Name		ARMIJO, DON PAULO L. (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)											
4 Registered Address		Tanza, Cavite								4A Zip Code			
5 Foreign Address										5A Zip Code			
Payor Information													
6 Taxpayer		Payee Information											
Identification Number		001	898	705	0000								
7 Payor's Name		TANZA WATER DISTRICT (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)											
8 Registered Address		A. Soriano Highway, Tanza, Cavite								8A Zip Code		4108	

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

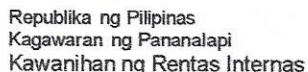
Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____



Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Part I	Payee Information
--------	-------------------

2 Taxpayer Identification Number	▶	000	000	000	000
3 Payee's Name	▶	ARCUSA, JOHN VIC L.			
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)					
4 Registered Address	▶	Tanza, Cavite			4A Zip Code ▶
5 Foreign Address	▶				5A Zip Code ▶

Payor Information

6	Taxpayer Identification Number	001	898	705	0000
7	Payor's Name	TANZA WATER DISTRICT			
		(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8	Registered Address	A. Soriano Highway, Tanza, Cavite			8A Zip Code
					4 1 0 8

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period	From	01	01	17	(MM/DD/YY)	To	03	31	17	(MM/DD/YY)
Part I						Payee Information				
2 Taxpayer	Identification Number	000	000	000	000					
3 Payee's Name	ARCUSA, JOHN VIC L.									
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)										
4 Registered Address	Tanza, Cavite								4A Zip Code	
5 Foreign Address									5A Zip Code	
Payor Information										
6 Taxpayer	Identification Number	001	898	705	0000					
7 Payor's Name	TANZA WATER DISTRICT									
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)										
8 Registered Address	A. Soriano Highway, Tanza, Cavite								8A Zip Code	4108

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period		From		04	01	17	(MM/DD/YY)	To		06	30	17	(MM/DD/YY)
Part I													
Payee Information													
2 Taxpayer		Identification Number		000	000	000	000						
3 Payee's Name		ARCA, VIRGILIO T.											
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)													
4 Registered Address		Tanza, Cavite								4A Zip Code			
5 Foreign Address										5A Zip Code			
Payor Information													
6 Taxpayer		Identification Number		001	898	705	0000						
7 Payor's Name		TANZA WATER DISTRICT											
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)													
8 Registered Address		A. Soriano Highway, Tanza, Cavite								8A Zip Code		4108	

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	7,810.00	5894.00		13,704.00	274.08
Total		7,810.00	5,894.00	-	13,704.00	274.08
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

19

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period		From		01	01	17	(MM/DD/YY)	To		03	31	17	(MM/DD/YY)
Part I Payee Information													
2 Taxpayer		Identification Number		000	000	000	000						
3 Payee's Name		ARCA, VIRILIO T.											
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)													
4 Registered Address		Tanza, Cavite								4A Zip Code			
5 Foreign Address										5A Zip Code			
Payor Information													
6 Taxpayer		Identification Number		001	898	705	0000						
7 Payor's Name		TANZA WATER DISTRICT											
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)													
8 Registered Address		A. Soriano Highway, Tanza, Cavite								8A Zip Code		4108	

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as-amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period		From		01	01	17	(MM/DD/YY)	To		03	31	17	(MM/DD/YY)
Part I Payee Information													
2 Taxpayer		Identification Number		000	000	000	000						
3 Payee's Name		ARBUES, ABELARDO R.											
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)													
4 Registered Address		Tanza, Cavite								4A Zip Code			
5 Foreign Address										5A Zip Code			
Part II Payor Information													
6 Taxpayer		Identification Number		001	898	705	0000						
7 Payor's Name		TANZA WATER DISTRICT											
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)													
8 Registered Address		A. Soriano Highway, Tanza, Cavite								8A Zip Code		4108	

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	7,140.00	7586.04	7,896.00	22,622.04	452.44
Total		7,140.00	7,586.04	7,896.00	22,622.04	452.44
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

29

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Part I	Payee Information
--------	-------------------

2 Taxpayer Identification Number	▶	000	000	000	000
3 Payee's Name	▶	ARBUES, ABELARDO R.			
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)					
4 Registered Address	▶	Tanza, Cavite			4A Zip Code ▶
5 Foreign Address	▶				5A Zip Code ▶

		Payor Information	
--	--	-------------------	--

6 Taxpayer Identification Number	001	898	705	0000
7 Payor's Name	TANZA WATER DISTRICT (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8 Registered Address	A. Soriano Highway, Tanza, Cavite			8A Zip Code
				4 1 0 8

PART II **Details of Monthly Income Payments and Tax Withheld for the Quarter**

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	6,552.00	6888.00	8,736.00	22,176.00	443.52
Total		6,552.00	6,888.00	8,736.00	22,176.00	443.52
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period		From		04	01	17	(MM/DD/YY)	To		06	30	17	(MM/DD/YY)
Part I Payee Information													
2 Taxpayer		Identification Number		269	897	531	000						
3 Payee's Name		ARARACAP, ERNEST MARION F.											
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)													
4 Registered Address		Tanza, Cavite								4A Zip Code			
5 Foreign Address										5A Zip Code			
Part II Payor Information													
6 Taxpayer		Identification Number		001	898	705	0000						
7 Payor's Name		TANZA WATER DISTRICT											
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)													
8 Registered Address		A. Soriano Highway, Tanza, Cavite								8A Zip Code		4108	

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

10

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

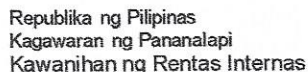
Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____



BIR Form No.

2307

March 2003 (ENCS)

1 For the Period		From		01	01	17	(MM/DD/YY)	To		03	31	17	(MM/DD/YY)
Part I Payee Information													
2 Taxpayer		Identification Number		269	897	531	000						
3 Payee's Name		ARARACAP, ERNEST MARION F.											
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)													
4 Registered Address		Tanza, Cavite								4A Zip Code			
5 Foreign Address										5A Zip Code			
Payor Information													
6 Taxpayer		Identification Number		001	898	705	0000						
7 Payor's Name		TANZA WATER DISTRICT											
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)													
8 Registered Address		A. Soriano Highway, Tanza, Cavite								8A Zip Code		4108	

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

to

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period		From ▶ 04 01 17 (MM/DD/YY)		To ▶ 06 30 17 (MM/DD/YY)	
Part I Payee Information					
2 Taxpayer Identification Number		▶ 463 278 664 000			
3 Payee's Name		▶ ABAD, REYNALDO SR. E. (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4 Registered Address		▶ Tanza, Cavite		4A Zip Code ▶	
5 Foreign Address		▶		5A Zip Code ▶	
Part II Payor Information					
6 Taxpayer Identification Number		▶ 001 898 705 0000			
7 Payor's Name		▶ TANZA WATER DISTRICT (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8 Registered Address		▶ A. Soriano Highway, Tanza, Cavite		8A Zip Code ▶ 4108	

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From (MM/DD/YY) To (MM/DD/YY)

Part I	Payee Information
--------	-------------------

2 Taxpayer Identification Number	463	276	664	000
----------------------------------	-----	-----	-----	-----

3 Payee's Name	ABAD, REYNALDO SR. E.
----------------	-----------------------

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

4 Registered Address ▶ Tanza, Cavite

4A Zip Code

5 Foreign Address

5A Zip Code

Payer Information

6 Taxpayer Identification Number ▶ 0 0 1 8 9 8 7 0 5 0 0 0 0

7 Payor's Name	TANZA WATER DISTRICT
----------------	----------------------

(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)

8 Registered Address ▶ A. Soriano Highway, Tanza, Cavite

8A Zip Code 4 1 0 8

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

5

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period		From		04	01	17	(MM/DD/YY)	To		06	30	17	(MM/DD/YY)
Part I				Payee Information									
2 Taxpayer		Identification Number		000	000	000	000						
3 Payee's Name		ABAD, ARIEL U.											
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)													
4 Registered Address		Tanza, Cavite								4A Zip Code			
5 Foreign Address										5A Zip Code			
Payor Information													
6 Taxpayer		Identification Number		001	898	705	0000						
7 Payor's Name		TANZA WATER DISTRICT											
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)													
8 Registered Address		A. Soriano Highway, Tanza, Cavite								8A Zip Code		4108	

PART II Details of Monthly Income Payments and Tax Withheld for the Quarter

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

29

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____

Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period		From		01	01	17	(MM/DD/YY)	To		03	31	17	(MM/DD/YY)	
Part I														
2 Taxpayer		Payee Information												
Identification Number		000 000 000 000												
3 Payee's Name		ABAD, ARIEL U.												
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)														
4 Registered Address		Tanza, Cavite										4A Zip Code		
5 Foreign Address												5A Zip Code		
Payor Information														
6 Taxpayer		Payor Information												
Identification Number		001 898 705 0000												
7 Payor's Name		TANZA WATER DISTRICT												
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)														
8 Registered Address		A. Soriano Highway, Tanza, Cavite										8A Zip Code		4 1 0 8

[illegible]

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

Payor/Payor's Authorized Representative
(Signature Over Printed Name)

10

Division Manager B - ACMD

Title/Position of Signatory

Conforme:

Payee/Payee's Authorized Representative
Signature Over Printed Name

Date Signed _____